



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3744
Examiner : Harry B. Tanner
Serial No. : 10/716,271
Filed : November 18, 2003
Inventor : Michael R. DeLuca
Title : THERMOSTAT HAVING MULTIPLE
: MOUNTING CONFIGURATIONS

Customer No. 035811

Docket No.: 1289-03

Confirmation No.: 6050

Dated: November 2, 2004

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

\$55 Check

Claim of Extension of Time for Response, in duplicate

Amendment Transmittal Letter, in duplicate

Response

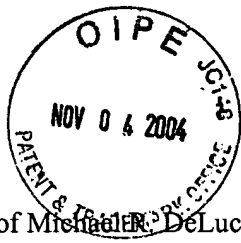
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 035811

By: _____ 

Date: _____ 2 Nov 2004



Attorney Docket No.: 1289-03

In re Application of Michael R. DeLuca

Serial No.: 10/716,271

Filed: November 18, 2003

For: THERMOSTAT HAVING MULTIPLE MOUNTING CONFIGURATIONS

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	20	-	20=	0
INDEP.	3	-	3=	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$ 0
x44=	\$ 0
+150=	\$ 0

OR

RATE	ADD'L FEE
x18=	\$
x88=	\$
+300=	\$

TOTAL ADDITIONAL FEE \$0 OR \$_____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



T. Daniel Christenbury
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Attorney for Applicant

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